RETURN ADDRESS



3/10/2008 Page

1 of

3 3:38PM

Guardian Northwest Title Co. 160 Caseade Place, Suite 104	
Burlington, WA 98233	
B93945E-2	

	OME / PLEASE CHECK ONE
STATE OF WASHINGTON MANUFACTURED H	TITLE ELIMINATION
IICENSING APPLICATION	TRANSFER IN LOCATION
nyone who knowingly makes a false statement of a material fact is g	uilty REMOVAL FROM REAL PROPERTY
f a felony, and upon conviction may be punished by a fine, imprison	ment, or both. (RCW 46.12.210)
MANUFACTUREDHOME	
PO/PLATE NUMBER YEAR MAKE 1999 Fleetwood 28 X 52	VEHICLE IDENTIFICATION NUMBER (VIN) OR FLX 4848 52399H13
	L DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE AFFIXED REMOVED	REAL PROPERTY TAX PARCEL NUMBER P102436
OT BLOCK PLAT NAME SHOGIT COUNTY P	FORT \$ 96033 11/35N/1EAST
	TIONAL NAMES ON PAGE
OUNTY NUMBER OF REGISTERED OWNER	NUMBER OF LEGAL OWNERS
Sherry Coul L. SHERR	y L. CRONK
IAME OF ADDITIONAL REDISTERED OWNER MICHAEL F. CRONK	1
HOLIUS, R. 20 Concrete	STATE ZIP CODE , WA 98237
AME OF LEGAL OWNER.	
IME OF ADDITIONAL LEGAL OWNER 1010 SE, EVERETH Mall WALL	State 200
DDRESS FUE CETTY	STATE ZIP CODE
GRANTEE/	
Durden Willia	(<u>/</u>
DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/W VEHICLE AND THIS INFORMATION IS ACCURATE:	E AMARE THE REGISTERED OWNER(S) OF THIS
Signature of Registered Owner and Title, IF APPLICABLE	hery tronk
Signature of Additional Registered Owner and Title, IF APPLICABLE	Mark Cole
NOTARY SEALOR STAMP NOTARIZATION/CERTIFICATI	ON FOR REGISTERED OWNER(S) SIGNATURE
Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARY SEALOR STAMP NOTARIZATION/CERTIFICATI CARRY SEALOR STAMP State of Washington County of NOTARY NOTARY	Signed or attested 2-15-08
(8 NOTARY & Sherry Cronk	Signature Carrie Collec
PUBLIC PRINT NAME OF REGISTERED OWNER	NOTARY OR AGENT
of 11-30-2010 > by // Chael 1001	PRINTED NAME OF NOTARY
by / CA C PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION/AGENT/NOTARY	County/Office No. OR //-30 ·/O AND: Dealer No. OR
	Notary Expiration Date
TITLE COMPANY CERTIFICATION certify that the legal description of the land and ownership is true and corr	ect per the real property records.
	E COMPANY / PHONE NUMBER
	DATE
IGNATURE / POSITION	
inalize this application with a Licensing Agent within 10 calendar da	ys of the date Title Company Representative signs.
BUILDING PERMIT OFFICE CERTIFICATION	-luvosatu on donnihod
	and the attachment will be inspected upon completion.
NAME (TYPED OR PRINTED) Kate Sharp 360-336-94	
Kate Sharp 360-336-94 Rate Sharp Support Serv	10 99-0064 DATE 32-15 83
20,729 MANUF HOME APPLIFIXAGE OF 2	140

	LEGAL OWNER			
IGNATURE OF LE	GAL OWNER INDICATES	CONSENT FOR ELIMI	NATION OF TITLE / REM	OVAL FROM REAL PROPER
Signature	of Legal Owner and Title, IF	APPLICABLE WE	LISTARGO	
	nal Legal Owner and Title, IF			
NOTAL OR	STAMP NO	TARIZATION/CERTIF	CATION FOR LEGAL O	WNER(S) SIGNATURE
•	State of Washi Cou	ington inty of	, -	rattested ** ore me on
	L 15 15 15 15 15 15 15 15 15 15 15 15 15		Signatule	
	PAINT NAME	OF LEGAL OWNER	NO	ARY OR AGENT
	PRINT NAME	OF LEGAL OWNER	PRINTED NAME	OF NOTARY
				County/Office No. 🔐
	DEALERSHIP	POSITION/AGENT/NOTARY		Dealer No. OR lotary Expiration Date
LAND DESCRIP	TION (A legal description	of the land can be obt	ained from the local Co	Inty Assessor's Office
DEALER'S REP	ORT OF SALE			
	THIS INFORMATION IS CO	PRECT. THE VEHICLE	IS CLEAR OF ENGLIME	BANCES EXCEPT AS SHOWN
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ALER NAME (TYPED OF RICHASE PRICE USE TAXE COUNTY AUDIT	TAX JURISDICTION/TAX I XEMPT Sale to a Certified OR/AGENT LICENSING O	OLLECTED. RATE DEALER'S AUTHORIA Tribal member on the res FFICE APPROVAL: (N	WA DEALER NUMBE ZED SIGNATURE ervation (attach notarized of for use by Subagents)	DATE OF SALE statement of delivery).
RCHASE PRICE USE TAX E COUNTY AUDIT	TAX JURISDICTION/TAX I TAX JURISDICTION/TAX I XEMPT Sale to a Certified OR/AGENT LICENSING O application appears to have the	OLLECTED. RATE DEALER'S AUTHORIA Tribal member on the res FFICE APPROVAL: (N	WA DEALER NUMBE ZED SIGNATURE ervation (attach notarized of for use by Subagents)	DATE OF SALE
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ALER NAME (TYPED OF RICHASE PRICE USE TAX E COUNTY AUDIT OF THE PRICE OF THE PRICE NATURE TITLE FEES	TAX JURISDICTION/TAX I TAX JURISDICTION/TAX I XEMPT Sale to a Certified OR/AGENT LICENSING O application appears to have to	OLLECTED. RATE DEALER'S AUTHORIZ Tribal member on the res FFICE APPROVAL: (Notes of the completed correctly)	WA DEALER NUMBER SED SIGNATURE ervation (attach notarized of for use by Subagents, and the applicant has sufficient as sufficie	A DATE OF SALE Statement of delivery). Cient documentation to proceed with the same of t
ALER NAME (TYPED OF RICHASE PRICE USE TAXE COUNTY AUDIT	TAX JURISDICTION/TAX I TAX JURISDICTION/TAX I XEMPT Sale to a Certified OP/AGENT LICENSING O application appears to have to the certified of the certified o	Tribal member on the res FFICE APPROVAL: (N been completed correctly BILE HOME FEE ELIMIT In has been approved the your application for recording fees paid.	WA DEALER NUMBER SED SIGNATURE ervation (attach notarized of for use by Subagents, and the applicant has sufficiently officery).	SUBAGENT FEES TOTAL FEES & TAX Total fees a retains

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please cal/3601 902-3600 or TDD (260) sea - 2005



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6 SIGNATURE OF LE	GAL OWNER				aar da Prince Baar e waa da gery de de Perferièncie de de Baar part, appropriatie agent de de Barbar agent de p
	AL OWNER INDICATES	CONSENT FO	R ELIMINATION	OF TITLE BEMOVAL	FROM REAL PROPERT
			16/	79	•
Signature of	Legal Owner and Title, IF	APPLICABLE :	The	·~	
Signature of Additional	Legal Owner and Title, IF	APPLICABLE .	<i></i>		
NOTARY SEAL OR STA	MP NOT	TARIZATION/C	CERTIFICATION	FOR LEGAL OWNER	S) SIGNATURE
A CONTRACTOR OF THE STATE OF TH	State of Washin		agit	Signed or attest	
	by Joka	T. SMI	TH	Signature CUM	Las Keyes
	by PRINT NAME C	JF LEĞAL OWNER		PRINTED NAME OF NOT	Keyes
	Title STORE	A STATE	WEKS FARG.	BANKAND:	Office No. OR 214 11 Dealer No. OR 214 11 Expiration Date
LAND DESCRIPTION	N (A legal description of	of the land can	be obtained fr	om the local County As	ssessor's Office
		ECAR D	ESCRIPTION OF THE PERSON OF TH	ON	
	ı	JEGAL D	ESCRIPIN	ON	
Lat 1 of Skarit	: County Short Plat N	Jo. 96-035	approved Oc	tober 8, 1998, recor	ded October 8.
Lot 1 of Skagn	ne 13, page 169 of Sl	hort Plats. u	nder Auditor	s File No. 9810080	076. being a
portion of the N	Northwest ¼ of the S	outhwest 1/4	of Section 1	1, Township 35 No	rth, Range 7 East,
W.M	101111111111111111111111111111111111111		and the second second	1	
7 7 72 7 2 7 7			1	//	
DEALER'S REPOR	IT OF SALE		The second		
I CERTIFY THAT THI	SINFORMATION IS COF	PRECT. THE V	EHICLE IS CLE	AR OF ENCUMBRANC	ES EXCEPT AS SHOWN
ANY REQUIRED SA	LES TAX HAS BEEN CO	LLECTED.		WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX FI	ATE DEALER'S	AUTHORIZED SIGN	ATURE	
		<u> </u>		· (attack postaria ad atatap	ant of doliver()
	MPT Sale to a Certified T				terit of desivery).
COUNTY AUDITOR	plication appears to have be	an completed	correctly and the	applicant has sufficient d	ocumentation to proceed v
certify that the above app he recording of this form	olication appears to have be i.	eer completed	correctly, and the	арриози	
NAME (TYPED OR PRINTED)	- all a P/	<u> </u>		COUNTY OFFICENES OPERA	OR NUMBER
- GW	relle M	Щ		070170	LOATE
SIGNATURE ()		Oct 1	1901. 2	7	12-27-08
Z TITLETEE			0000	Progra	
TITLE FEES FILING FEE AF	PPLICATION MOBIL	LE HOME FEE	ELIMINATION F	EE USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
IMPORTANT:	Once the application	has been ap	proved by the	County Auditor / Ve	hicle
	Licensing Office, take	e your applic ecording fees	allon tomic to a	lecording Office retai	ns \
	your original applicat	tion form, obt	ain a certified	copy of the recorded	l form. 🛝 🦯
APPLIC	ANTS: Once record Manufacture	iea, you must ed Home App	i reiurn to a V lication, navin	ehicle Licensing offic g all required fees. V	ehicle
	licensing sul	bagents char	ge a service f	ee.	
			-;		eal Property
For full insti or Transfer	ructions on completing in Location, see form	, inis ionii foi TD-420-730,	Manufacture	d Home Application I	nstructions.

The Department of Licensing has a policy of providing equal spaces.
If you need special accommodation, ples

TD-420-729 MANUF HOME APPL (R/6/98)OR Page 2 of 2

200803100226 Skagit County Auditor

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